FILING FEE AFTER MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE ON Sandra B. Mortham ORT Secretary of State **DIVISION OF CORPORATIONS** P97000055169 (1)

FILED Jan 28 1998 8:00am Secretary of State

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10 T = 1 + 7""		16			
Principal Plac	ce of Business	Mailing Address			
8385 SOUTH MIAMI FL 33	WEST 97 STREET 1156	8385 SOUTHWEST 97 S MIAMI FL 33156	STREET	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 06/24/1997	
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		65-0763180 Not Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired S8.75 Additional	
22		27		Fee Required	
City & Sta	te	City & State		6. Election Campaign Financing \$5.00 May Be	
Zip	Country	Zip	Country	Trust Fund Contribution Added to Fees	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No	
	9. Name and Address of Curre		[30]	10. Name and Address of New Registered Agent	
AMERILAWYER CHARTERED 81 Name BERNARDO JUNCO					
	13 ALMERIA AVENUE			Iress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134				Total () or Dox () or Total (
[[83] Q	385 SW 97 ST	
		Λ		85 Zip Code	
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office or agent. La	registered again, or both, in the 961 am familiar with and accept the orbit	602 a M 607,1508, Florida Statu te of / lorida. Such change was gat y ns of, Section 607,0505, F		poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
SIGNATURE			BERI	NARDO JUNCO 01/19/98	
12.	OFFICERS A		Tf. Registored Agent signature requiests 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	DELETE	11 10TLE	Change Additio	
NAME	JUNCO, BERNARDO	-	12 NAME		
STREET ADDRESS	8385 SOUTHWEST 97 STRE	ET	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		14 CITY-ST-ZIP		
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Additio	
NAME			22 NAME		
STREET ADDRESS			23 STHEET ADDRESS		
CITY-ST-ZIP			2 4 CHTY-ST-ZIP		
TİTLE		☐ DELETE	3.1 TITLE	Change Addition	
NAME	1		3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CHY-ST-ZIP 4.1 TITLE	Change Addition	
NAME			4. 2 NAME	_ Stange _ Addition	
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DLLETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City - St - ZIP			6.4 CHY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied after a courage and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the decivery traffice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or potential attachment with an address.